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EXAMINER	
RINES, ROBERT D	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/783,641	HOLLAND ET AL.	
	Examiner	Art Unit	
	R. DAVID RINES	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *20 February 2004*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-36* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-36* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *8/16/05*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

[1] This communication is in response to the patent application filed 2/20/04. It is noted that this application benefits from Provisional Patent Application Serial Nos. 60/509,404 filed 60/527,583. The Information Disclosure Statement filed 8/16/05 been entered and considered. Claims 1-36 are pending.

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

Claims 5-6 are rejected under 35 U.S.C. 102(e) as being anticipated by Eggers et al. (United States Patent Application Publication #2006/0106649).

As per claim 5, Eggers et al. disclose a method for administering a medication to a patient, comprising the steps of: electronically inputting a patient-specific medication order information into a medication management computer containing clinical decision support rules and associated with a medical device (Eggers et al.; paragraphs [0023] [0032] [0039] [0040] [0059] [0069]); electronically inputting delivery information including patient-specific, drug container specific and medical device specific information into the medication management computer (Eggers et al.; paragraphs [0067] [0069] [0070] *see barcode-based and network entry of data from databases. Examiner considers both to be forms of electronic entry of information); comparing the patient-specific medication order information with the delivery information (Eggers et al.; paragraphs [0038]-[0040] [0059]); and alerting a caregiver if any of the clinical decision support rules are violated (Eggers et al.; paragraphs [0038]-[0040] [0059] "warnings and recommendations" and "advise the user of potential problems").

As per claim 6, Eggers et al. disclose a method further comprising downloading a device specific medication order to the medical device if the patient-specific medication order information and the delivery information match (Eggers et al.; paragraphs [0067] [0070]).

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claims 1-4 and 7-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Engleson et al. (United States Patent #7,117,041) in view of Eggers et al.

As per claim 1, Engleson et al. disclose a medication management system, comprising: a medical device adapted to perform a medication order prescribed for a patient (Engleson et al.; col. 14, lines 5-25 *see infusion pump); a medication management computer associated with the medical device (Engleson et al.; col. 14, lines 5-25 *see bedside CPU/medication administration module); first input means for conveying a patient-specific prescribed medication order information to the medication management computer (Engleson et al.; col. 5, lines 3-10 and Fig. 1 *see medication order entered via network); second input means for reading and inputting machine-readable delivery information including patient-specific and drug container specific information from the patient and drug container respectively into the medication management computer (Engleson et al.; col. 8, lines 5-31, col. 22-35); and the medication management computer including a processing unit for comparing the information from the first input means to the information from

the second input means and generating an alarm if the information from the first input means does not match the information from the second input means.

While Engleson et al. disclose maintaining tracking and records of use information with regard to clinical devices (Engleson et al.; col. 10, lines 45-61), Engleson et al. fail to disclose entering machine-readable device specific information from the device.

However, it is well-known in the art to enable networked medical devices to report device information to the overall system via the network, as evidenced by Eggers. Specifically, Eggers et al. disclose a device that retrieves function specific configuration information based on the location of the device (Eggers et al; paragraphs [0031] [0066]-[0067]).

It would have been obvious to one or ordinary skill in the art at the time the invention was made to have combined the teachings of Engleson et al. with those of Eggers et al. The combined teachings would have provided a system-enabled method of integrating medical order information, infusion pump monitoring, and barcode technology to support real-time verification and charting of medications being administered to a patient to ensure that the right drug is given to the right patient (Engleson et al.; col. 7, lines 10-15). Additionally, one of ordinary skill would have reasonably employed known technologies to consider device specific information when determining proper configuration for the device (Eggers et al.; paragraphs [0067] [0068]). The motivation to combine the teachings would have been to facilitate efficient and accurate

programming of a medical treatment device while ensuring that the prescribed treatment conforms with institutional guidelines (Eggers et al.; paragraph [0009]).

As per claim 2, Engleson et al. disclose a system wherein the machine readable delivery information includes caregiver specific information from the caregiver and the medication management computer processing unit compares the caregiver specific information to a predetermined list of authorized caregivers who are authorized to administer medication to the patient (Engleson et al.; col. 3, lines 10-16 *NOTE: Caregiver ID is linked to patient's treatment. Examiner interprets this to mean the caregiver is listed/authorized in the patient information).

As per claim 3, Engleson et al. disclose a system wherein the alarm comprises an alarm message that includes a description of the information that did not match between the first input means and the second input means (Engleson et al.; col. 13, lines 49-67)

As per claim 4, Engleson et al. disclose a system wherein the medication management computer processing unit downloads a device medication order to the medical device and generates the alarm at the medical device (Engleson et al.; col. 13, lines 49-67).

Regarding claims 2-4, the obviousness and motivation to combine as discussed with regard to claim 1 above are applicable to claims 2-4 and are herein incorporated by reference.

As per claim 7, Engleson et al. disclose a medication management system, for use with an information system in a hospital environment and first and second input means; wherein the first input means delivers a medication order prescribed for a patient to the information system (Engleson et al.; col. 7, lines 36-42, col. 13, lines 3-21 *see network interfaces); and wherein the second input means inputs machine-readable patient-specific, drug container specific and caregiver specific information from the patient, drug container, and caregiver respectively (Engleson et al.; col. 8, lines 5-31, col. 13, lines 22-35 *see barcode data entry); comprising: a medical device adapted to perform a medication order prescribed for a patient (Engleson et al.; col. 14, lines 5-25 *see infusion pump); a medication management unit adapted for electronic communication with the information system, the medical device and the second input means (Engleson et al.; col. 14, lines 5-25 see *bedside CPU/medication administration module), the medication management unit having a processing unit and a storage medium coupled to the processing unit (Engleson et al.; col. 5, lines 8-16), the storage medium containing programming code executed by the processing unit to receive the delivery information from the second input means (Engleson et al.; col. 14, lines 5-25), request a medication order from the information system based on the delivery information from the second input means (Engleson et al.; col. 14, lines 5-25 NOTE: Examiner considers the configuration/parameters data to be a form of "an order"), receive the medication order from the information system (Engleson et al.; col. 14, lines 5-25), and send delivery programming code to the medical device based on the medication order (Engleson et al.; col. 14, lines 5-45); the medical device having a processor and a memory coupled to the processor, the memory containing programming code executed by the processor to receive and execute the delivery programming code to perform a medication order prescribed for

a patient (Engleson et al.; col. 14, lines 5-45); and wherein the medical device receives delivery information electronically only through the medication management unit (Engleson et al.; col. 14, lines 5-25).

While Engleson et al. disclose maintaining tracking and records of use information with regard to clinical devices (Engleson et al.; col. 10, lines 45-61), Engleson et al. fail to disclose entering machine-readable device specific information from the device.

However, it is well-known in the art to enable networked medical devices to report device information to the overall system via the network, as evidenced by Eggers. Specifically, Eggers et al. disclose a device that retrieves function specific configuration information based on the location of the device (Eggers et al; paragraphs [0031] [0066]-[0067]).

It would have been obvious to one or ordinary skill in the art at the time the invention was made to have combined the teachings of Engleson et al. with those of Eggers et al. The combined teachings would have provided a system-enabled method of integrating medical order information, infusion pump monitoring, and barcode technology to support real-time verification and charting of medications being administered to a patient to ensure that the right drug is given to the right patient (Engleson et al.; col. 7, lines 10-15). Additionally, one of ordinary skill would have reasonably employed known technologies to consider device specific information when determining proper configuration for the device (Egger et al.; paragraphs [0067] [0068]). The motivation to combine the teachings would have been to facilitate efficient and accurate

programming of a medical treatment device while ensuring that the prescribed treatment conforms with institutional guidelines (Eggers et al.; paragraph [0009]).

As per claim 8, Engleson et al. disclose a system wherein the delivery information is input in any order into the second input means (Engleson et al.; col. 13, lines 22-35)

As per claim 9, Eggers et al. disclose a system wherein the medication management unit programming code establishes a patient-specific rule set for the delivery programming code (Eggers et al.; paragraphs [0038]-[0040] [0057]).

As per claim 10, Eggers et al. disclose a system wherein the patient-specific rule set includes at least one hard limit on dosage that can not be overridden by the local caregiver unless authorized by a supervisor (Eggers et al.; paragraph [0059] *see "restrictions").

As per claim 11, Eggers et al. disclose a system wherein the patient-specific rule set includes at least one soft limit on dosage that can be overridden by the local caregiver (Eggers et al.; paragraph [0059] *see "prompts").

Claim 12 is a duplicate of claim 11.

As per claim 13, Engleson et al. disclose a system wherein the overrides are recorded by the medical device and communicated to the MMU (Engleson et al.; col. 14, lines 58-67).

Claims 14 and 15 are duplicates of claim 13

As per claim 16, Eggers et al. disclose a system wherein the medication management unit programming code orders the medical device to adjust at least one of the hard and soft dosage limits in the delivery programming code based on updated patient-specific information (Eggers et al.; paragraphs [0057] [0067]).

As per claim 17, Eggers et al. disclose a system wherein the medication management unit generates an alert message if the delivery programming code violates any parameter of the adjusted hard and soft dosage limits (Eggers et al.; paragraphs [0038]-[0040] *see rule sets and warnings or recommendations).

As per claim 18, Eggers et al. disclose a system wherein the medication management unit is in electronic communication with a monitoring device to receive the updated patient-specific information (Eggers et al.; paragraphs [0037]-[0040]).

As per claim 19, Eggers et al. disclose a system wherein the medication management unit is in electronic communication with a lab and receives lab results including the updated patient-specific information (Eggers et al.; paragraphs [0037]-[0040]).

As per claim 20, Eggers et al. disclose a system wherein the medication management unit

programming code contains a plurality of clinical support decision rules and generates an alert if the order violates one of the plurality of clinical support decision rules (Eggers et al.; paragraphs [0023] [0037]-[0040]).

As per claim 21, Engleson et al. disclose a system wherein the information system is a hospital information system and the hospital information system, first input means, second input means, medical device, and medication management unit are separate components (Engleson et al.; Fig. 2)

As per claim 22, Engleson et al. disclose a system wherein the information system is a pharmacy information system and the pharmacy information system, first input means, second input means, medical device, and medication management unit are separate components (Engleson et al.; Fig. 2).

As per claim 23, Eggers et al. disclose a system wherein the medication management unit modulates the current medication order being delivered based on patient specific information, laboratory results, etc (Eggers et al.; paragraphs [0037]-[40] [0059]).

As per claim 24, Eggers et al. disclose a system wherein at least one of the separate components includes means for communicating wirelessly with the other separate components (Eggers et al.; paragraph [0023]).

As per claim 25, Eggers et al. disclose a system wherein at least one of the separate components includes means for communicating wirelessly with the other separate components (Eggers et al.; paragraph [0023]).

Regarding claims 8-25, the obviousness and motivation to combine as discussed with regard to claim 7 above are applicable to claims 8-25 and are herein incorporated by reference.

As per claim 26, Engleson et al. disclose a medication management system, for use with an information system in a hospital environment and first and second input means; wherein the first input means delivers a medication order prescribed for a patient to the information system (Engleson et al.; col. 7, lines 36-42, col. 13, lines 3-21 *see medication order entered via network);and wherein the second input means inputs machine-readable patient-specific, drug container specific and caregiver specific information from the patient and drug container respectively (Engleson et al.; col. 8, lines 5-31); comprising: a medical device adapted to perform a medication order prescribed for a patient (Engleson et al.; col. 13, lines 22-35); a medication management unit adapted for electronic communication with the information system, the medical device and the second input means (Engleson et al.; col. 14, lines 5-25 *see bedside CPU/medication administration module), the medication management unit having a processing unit and a storage medium coupled to the processing unit (Engleson et al.; col. 5, lines 8-16), the storage medium containing programming code executed by the processing unit to receive the delivery information from the second input means (Engleson et al.; col. 14, lines 5-25), request a medication order from the information system based on the delivery information from the second

input means, receive the medication order from the information system, and send delivery programming code to the medical device based on the medication order (Engleson et al.; col. 14, lines 5-25); the medical device having a processor and a memory coupled to the processor, the memory containing programming code executed by the processor to receive the delivery programming code for a medication order prescribed for a patient (Engleson et al.; col. 14, lines 5-45).

While Engleson et al. disclose maintaining tracking and records of use information with regard to clinical devices (Engleson et al.; col. 10, lines 45-61), Engleson et al. fail to disclose entering machine-readable device specific information from the device.

However, it is well-known in the art to enable networked medical devices to report device information to the overall system via the network, as evidenced by Eggers. Specifically, Eggers et al. disclose a device that retrieves function specific configuration information based on the location of the device (Eggers et al; paragraphs [0031] [0066]-[0067]).

Engleson et al. additionally fail to disclose the requirement of caregiver validation of delivery settings.

However, it is well-known to require caregiver validation of patient drug delivery information prior to beginning the infusion, as evidenced by Eggers et al. Specifically, Eggers et al. disclose

that all required settings are presented to the user for verification prior to the execution of the program (Eggers et al.; paragraph [0070]).

It would have been obvious to one or ordinary skill in the art at the time the invention was made to have combined the teachings of Engleson et al. with those of Eggers et al. The combined teachings would have provided a system-enabled method of integrating medical order information, infusion pump monitoring, and barcode technology to support real-time verification and charting of medications being administered to a patient to ensure that the right drug is given to the right patient (Engleson et al.; col. 7, lines 10-15). Additionally, one of ordinary skill would have reasonably employed known technologies to consider device specific information when determining proper configuration for the device (Egger et al.; paragraphs [0067] [0068]). The motivation to combine the teachings would have been to facilitate efficient and accurate programming of a medical treatment device while ensuring that the prescribed treatment conforms with institutional guidelines (Eggers et al.; paragraph [0009]).

As per claim 27, Eggers et al. disclose a system wherein the medical device programming code permits the medical device to perform a medication order prescribed for a patient only after a caregiver has validated the delivery programming code data at the medical device (Eggers et al.; paragraph [0070]).

As per claim 28, Eggers et al. disclose a system wherein the medical device programming code permits the medical device to perform a medication order prescribed for a patient only after a

caregiver has validated the delivery programming code data at the medical device and at the second input means (Eggers et al.; paragraph [0070]).

As per claim 29, Eggers et al. disclose a system wherein the medical device programming code permits the medical device to perform a medication order prescribed for a patient only after a caregiver has validated the delivery programming code data at a computer remote from the medical device (Eggers et al.; paragraph [0070]).

Regarding claims 27-28, the obviousness and motivation to combine as discussed with regard to claim 26 above are applicable to claims 27-29 and are herein incorporated by reference.

As per claim 30, Engleson et al. disclose a method for delivering programming code to perform a medication order prescribed for a patient to a medical device, comprising: delivering a medication order prescribed for a patient to the information system via a first input means (Engleson et al.; col. 7, lines 36-42, col. 13, lines 3-21 *see medication order entered via network); inputting machine-readable patient-specific, drug container specific, and caregiver specific information from the patient, drug container, and caregiver respectively, to a second input means (Engleson et al.; col. 8, lines 5-31, col. 13, lines 22-35 *see barcode entry); receiving the delivery information from the second input means at a medication management unit (Engleson et al.; col. 13, lines 49-67, col. 14, lines 5-25 *see parameters/configuration information); requesting an order from an information system based on the delivery information from the second input means at the medication management unit (Engleson et al.; col. 14, lines

5-25 NOTE: Examiner considers the parameters/configuration data to be a form of "an order"); receiving an order from the information system at the medication management unit (Engleson et al.; col. 14, lines 5-25); sending a delivery programming code to the medical device based on the order at the medication management unit (Engleson et al.; col. 14, lines 5-25 *see configuration sent to device from bedside CPU); receiving and executing the delivery programming code at the medical device to perform a medication order prescribed for a patient (Engleson et al.; col. 14, lines 5-45); and wherein the medical device receives delivery information electronically only through the medication management unit (Engleson et al.; col. 14, lines 5-25).

While Engleson et al. disclose maintaining tracking and records of use information with regard to clinical devices (Engleson et al.; col. 10, lines 45-61), Engleson et al. fail to disclose entering machine-readable device specific information from the device.

However, it is well-known in the art to enable networked medical devices to report device information to the overall system via the network, as evidenced by Eggers. Specifically, Eggers et al. disclose a device that retrieves function specific configuration information based on the location of the device (Eggers et al; paragraphs [0031] [0066]-[0067]).

It would have been obvious to one or ordinary skill in the art at the time the invention was made to have combined the teachings of Engleson et al. with those of Eggers et al. The combined teachings would have provided a system-enabled method of integrating medical order information, infusion pump monitoring, and barcode technology to support real-time verification

and charting of medications being administered to a patient to ensure that the right drug is given to the right patient (Engleson et al.; col. 7, lines 10-15). Additionally, one of ordinary skill would have reasonably employed known technologies to consider device specific information when determining proper configuration for the device (Egger et al.; paragraphs [0067] [0068]). The motivation to combine the teachings would have been to facilitate efficient and accurate programming of a medical treatment device while ensuring that the prescribed treatment conforms with institutional guidelines (Eggers et al.; paragraph [0009]).

As per claim 31, Eggers et al. disclose a method further comprising the step of permitting the medical device to perform a medication order prescribed for a patient only after a caregiver has validated the delivery programming code data at the medical device (Eggers et al.; paragraph [0070]).

Regarding claim 31, the obviousness and motivation to combine as discussed with regard to claim 30 above are applicable to claim 31 and are herein incorporated by reference.

As per claim 32, Engleson et al. disclose a medication management system, for use with a hospital information system and first and second input means; wherein the first input means delivers a medication order prescribed for a patient to the information system (Engleson et al.; col. 5, lines 3-10, col. 7, lines 36-42, col. 13, lines 3-21); and wherein the second input means inputs machine-readable patient-specific and drug container specific information from the patient and drug container respectively (Engleson et al.; col. 8, lines 5-31, col. 13, lines 3-21 *see

barcode and manual data entry); comprising: a medical device adapted to perform a medication delivery order based upon a medication order prescribed for a patient (Engleson et al.; col. 14, lines 5-25 *see infusion pump); and a medication management unit adapted for electronic communication with the information system, the medical device and the second input means (Engleson et al.; col. 14, lines 5-25 *see bedside CPU/medication administration module), the medication management unit having a processing unit and a storage medium coupled to the processing unit, the storage medium containing programming code executed by the processing unit to receive the delivery information from the second input means (Engleson et al.; col. 14, lines 5-25),

Engleson et al. fail to consider multiple drug infusions or drug-drug interactions.

However, it is well known in the art to administer two drugs (i.s., multi-channel infusion) and to compare the first and second sets of delivery information with an expert rule set to determine if there is drug-drug incompatibility (Eggers et al.; paragraphs [0038]), and generate an alarm where drug-drug incompatibility is found (Eggers et al.; paragraphs [0038]-[0040] [0059] *see "warnings and recommendations" and "advise the user of potential problems").

It would have been obvious to one or ordinary skill in the art at the time the invention was made to have combined the teachings of Engleson et al. with those of Eggers et al. The combined teachings would have provided a system-enabled method of integrating medical order information, infusion pump monitoring, and barcode technology to support real-time verification

and charting of medications being administered to a patient to ensure that the right drug is given to the right patient (Engleson et al.; col. 7, lines 10-15). Additionally, one of ordinary skill would have reasonably employed known technologies to consider device specific information when determining proper configuration for the device (Eggers et al.; paragraphs [0067] [0068]) and to determine adverse drug-drug effects (Eggers et al.; paragraph [0038]). The motivation to combine the teachings would have been to facilitate efficient and accurate programming of a medical treatment device while ensuring the prescribed treatment conforms with institutional guidelines (Eggers et al.; paragraph [0009]).

As per claim 33, Eggers et al. disclose a system wherein the medication management unit programming code determines if there is drug-drug incompatibility between two separate medication delivery orders for concurrent delivery to the patient (Eggers et al.; paragraphs [0036] [0039]-[0040] [0059]).

As per claim 34, Eggers et al. disclose a system wherein the medication management unit programming code requires sequential delivery of the two separate medication delivery orders where drug-drug incompatibility has been determined (Eggers et al.; paragraphs [0049]-[0052]).

As per claim 35, Eggers et al. disclose a system wherein the medication management unit programming code determines if there is drug-drug incompatibility between two separate medication delivery orders prescribed for delivery in a given time sequence for the patient (Eggers et al.; paragraphs [0049]-[0052]).

As per claim 36, Eggers et al. disclose a system wherein the medication management unit programming code requires a time delay in delivery for one of the two separate medication delivery orders where drug-drug incompatibility has been determined (Eggers et al.; paragraphs [0048]-[0052]).

Regarding claims 33-36, the obviousness and motivation to combine as discussed with regard to claim 32 above are applicable to claims 33-36 and are herein incorporated by reference.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to R. DAVID RINES whose telephone number is (571)272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. DAVID RINES/
Examiner, Art Unit 3626
6/23/08

/C Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626